U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 ABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E CMS OFF	
1. File Number U - 2//8	2. Fiscal Year Covered From:
	1 / 1 /2001 Through: 12/31 / 2001
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name May Chen	Name UNITE
	Labor Organization File Number 000-381
P.O. Box, Bldg., Room No., if any 7th Floor	P.O. Box, Building and Room Number, if any 10th F100r
Street 275 Seventh Avenue	Street 275 Seventh Avenue
City New York	city New York
State New York ZIP Code + 4 10001	State New York ZIP Code + 4 10001
5. Position in labor organization. Vice President	
A Held an interest in engaged in transactions (including loans) with or di	erived income or other economic benefit of
(except as specified in the exclus	erived income or other economic benefit of
(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or dimenstary value from an employer whose employees your organization	erived income or other economic benefit of n represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or demonstrary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	erived income or other economic benefit of n represents or is actively seeking to represent.
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(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or dimonetary value from an employer whose employees your organizations.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
(except as specified in the exclusion of	erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  arrived income or other economic benefit of n represent.  7.a. Nature of Interest, Transaction, or Income.

Name of Person Filing May Chen	File Num	nber U- 2/18	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name Amalgamated Bank  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 15 Union Square  City New York  State New York ZIP Code + 4 10003	9. Business deals with:  X a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Amalgaated Bank	No stocks		
Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Street 15 Union Square			
City New York	11.b. Approximate dollar value of such d	V.	
State New York ZIP Code + 4 10003	12.a. Nature of interest held or income	e received.	
	\$7,500.00 in fees		
	12.b. Amount.	\$7,500	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value,		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
lame			
rade Name, if any:			
O. Box, Bldg., Room No., if any			
treet			

14.b. Amount of payment.

ZIP Code + 4

or Consultant

13.b. Is the Business an Employer

City

State